



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

**BOARD OF SPEECH/LANGUAGE PATHOLOGISTS,  
AUDIOLOGISTS, & HEARING AID DISPENSERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION**

Enter Name and Address of Contact to Whom Response Should Be Mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

**When to Submit**

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Speech/Language Pathology, Audiologist or Hearing Aid Dispenser license in Delaware. Either Delaware licensees or program providers may submit a request. Requests may be submitted either before or after the program. However, if the program is not approved, the applicant will be notified and no CE credit given.

The Delaware Board pre-approves activities sponsored by ASHA or AAA provided the topics are relevant to the improvement of clinical skills or professional growth as defined in Section 8.2.3 of the Board's [Rules and Regulations](#). If ASHA or AAA has **approved this program/course, STOP. You do not need to submit this form.** Note that **no credit** is given for:

- job-related duties in the workplace such as staff meetings, CPR and in-service training
- program introductions, breaks or meals.

**For all continuing education requirements, see Section 8.0 of the Board's [Rules and Regulations](#).**

**Documentation Required**

Submit this form **no later than ten business days** before the Board's meeting to the address above.

- ☐ Complete and sign request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- ☐ Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

**REQUESTER COMPLETES THIS SECTION**

- Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware Licensee
- If you are a Delaware Licensee requesting approval of a course, enter:  
Your Name: \_\_\_\_\_ Delaware License #: **O** \_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Specialty: ☐ Speech/Language Pathology ☐ Audiology ☐ Hearing Aid Dispenser
- If you are a Sponsor requesting approval of a course, enter:  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

4. **Total Contact Hours Requested (Excluding Breaks) Clinical Skills** \_\_\_\_\_ **Professional Growth** \_\_\_\_\_
5. Sponsor Name: \_\_\_\_\_
6. Program Title: \_\_\_\_\_
7. Program Location: \_\_\_\_\_
8. Program Date(s): \_\_\_\_\_

**Enclose documentation of the course objectives and a detailed course schedule that shows meals and break periods.**

9. List Program Presenter(s):

**Enclose resume or *curriculum vitae* (CV) for each presenter.**

PRESENTER NAME	TITLE

10. Is proof of completion provided? (i.e., Certificate) Yes ☐ No ☐

**Submit this request and all supporting documentation to the Delaware Board of Speech/Language Pathologists, Audiologists, & Hearing Aid Dispensers at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

☐ Approved for \_\_\_\_\_ hours. Approval Expires: \_\_\_\_\_

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, Administrative Specialist